							_			
Fill	in this information to	identify your ca	ase:							
Del	otor 1	Julia C. McC	artha			_				
	otor 2 ouse, if filing)									
Uni	ted States Bankrupt	cy Court for the:	EASTERN DISTRICT	OF PENNSYLVANIA						
Cas	se number 22-1	11863					Check if this is:			
(If kr	nown)						An amende	J		
									g postpetition cha ollowing date:	apter
0	fficial Form	106l					MM / DD/ Y		J	
	chedule I: \		ome				WIIWI / BB/ I			12/15
spo atta	use. If you are sepa ch a separate shee	arated and you	are married and not filir r spouse is not filing wi On the top of any addition	th you, do not include	infor	mati	on about your spo	ouse. If mo	ore space is nee	ded,
1.	Fill in your emplo	pyment		Debtor 1			Debtor 2	or non-fi	ling spouse	
	If you have more the		Employment status	■ Employed			☐ Emple	oyed		
	attach a separate information about		Employment status	☐ Not employed			☐ Not e	mployed		
	employers.		Occupation	director of dining	servi	ices				
	Include part-time, self-employed wor		Employer's name	Dunwoody Village)					
	Occupation may in or homemaker, if it		Employer's address	3500 West Cheste newtown sq, PA	r pik	е				
			How long employed th	nere? 4 months						_
Par	t 2: Give Det	ails About Mon	thly Income							
	mate monthly inco use unless you are s		ate you file this form. If y	you have nothing to repo	ort for	any	line, write \$0 in the	space. Inc	:lude your non-fili	ng
,	u or your non-filing s e space, attach a se	•	re than one employer, co	ombine the information for	or all e	emplo	oyers for that perso	n on the li	nes below. If you	need
							For Debtor 1		otor 2 or ng spouse	
2.			ry, and commissions (be calculate what the monthly		2.	\$	7,749.63	\$	N/A	
3.	Estimate and list	monthly overti	me pay.		3.	+\$	0.00	+\$	N/A	

7,749.63

\$

N/A

4. Calculate gross Income. Add line 2 + line 3.

Deb	tor 1	Julia C. McCartha		C	Case	e number (if known)	22-118	363		
					Fo	r Debtor 1			ebtor	2 or spouse	
	Cop	y line 4 here	4.		\$	7,749.63	3	\$	iiiig s	N/A	_
5.	List	all payroll deductions:									
٠.	5a.	Tax, Medicare, and Social Security deductions	5a		\$	1,431.97	,	\$		N/A	
	5b.	Mandatory contributions for retirement plans	5b		\$ -	0.00		\$		N/A	_
	5c.	Voluntary contributions for retirement plans	5c.		\$	232.48	_	\$		N/A	_
	5d.	Required repayments of retirement fund loans	5d		\$_	0.00	_	\$		N/A	_
	5e.	Insurance	5e		\$	659.06		\$		N/A	_
	5f.	Domestic support obligations	5f.		\$	0.00	_	\$		N/A	_
	5g.	Union dues	5g		\$	0.00)	\$	-	N/A	_
	5h.	Other deductions. Specify:	5h	.+	\$	0.00) .	+ \$		N/A	_
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.		\$	2,323.51		\$		N/A	_
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$_	5,426.12	2	\$		N/A	_
8.	List 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total	0-		•			•			
	٥L	monthly net income. Interest and dividends	8a		\$ \$	0.00		\$		N/A	_
	8b. 8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8b.		Ф_ \$	0.00		Ψ \$		N/A N/A	_
	8d.	Unemployment compensation	8d		\$ -	0.00	_	\$		N/A	_
	8e.	Social Security	8e		<u> </u>	0.00		\$		N/A	_
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f.		\$_	0.00	_	\$		N/A	_
	8g.	Pension or retirement income	8g		\$_	0.00		\$		N/A	_
	8h.	Other monthly income. Specify: 2021 Tax Refund (12mos average)	_ 8h	.+_	\$_	330.00) _	+ \$		N/A	
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	S_	330.00)	\$		N/	4
10	Calc	culate monthly income. Add line 7 + line 9.	10.	\$		5,756.12 +	\$		N/A	= \$	5.756.12
		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.				3,730.12	_		17/		0,700.12
11.	Inclu othe	e all other regular contributions to the expenses that you list in Schedule ade contributions from an unmarried partner, members of your household, your or friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not a cify:	depe							e J. +\$	0.00
12.		the amount in the last column of line 10 to the amount in line 11. The rest e that amount on the Summary of Schedules and Statistical Summary of Certain ies							12.	\$	5,756.12
									l	Combi	ned ly income
13.	Do y	/ou expect an increase or decrease within the year after you file this form? No. Yes Explain:	?								

Official Form 106l Schedule I: Your Income page 2

Fill	in this informa	tion to identify yo	our case:						
Deb	otor 1	Julia C. McC	artha			Ch	eck if t	his is:	
							An a	mended filing	
	otor 2								ving postpetition chapter
(Spo	ouse, if filing)						13 e	xpenses as of	the following date:
Unit	ed States Bankr	uptcy Court for the	: EASTE	RN DISTRICT OF PENNS	SYLVANIA		MM .	/ DD / YYYY	
1	nown)	2-11863							
O	fficial Fo	rm 106J							
S	chedule	J: Your	Expen	ses					12/1
Be info nur	as complete a ormation. If m mber (if know	and accurate as ore space is ne n). Answer ever	possible. eded, atta y question	If two married people a ch another sheet to this					
Par 1.	t 1: Descr	ibe Your House	hold						
•	No. Go to								
			in a separa	ate household?					
	_ 100.200								
	=	-	st file Offici	al Form 106J-2, Expense	s for Separate House	ehold of De	ebtor 2.		
2	Do you have	donandanta?	п.,	•	•				
2.	•	e dependents?	☐ No						
	Do not list De Debtor 2.	ebtor 1 and	Yes.	Fill out this information for each dependent	Dependent's relating Debtor 1 or Debto			Dependent's nge	Does dependent live with you?
	Do not state	the							□ No
	dependents	names.			child		_ 1	15	Yes
					abild (aabaal)			12	□ No
					child (school)			23	■ Yes
									□ No □ Yes
									□ No
									☐ Yes
3.	expenses of	enses include f people other t d your depende	han 👝	No Yes					
Est	imate your ex		our bankrı	y Expenses uptcy filing date unless y y is filed. If this is a sup					
the	value of such	n assistance an		government assistance cluded it on <i>Schedule I:</i>				Your exp	onsos
(Of	ficial Form 10	oı.)						i oui exp	011000
4.		r home owners		ses for your residence. r lot.	Include first mortgag	e 4.	\$		2,115.00
	If not includ	ed in line 4:							
	4a. Real e	state taxes				4a.	\$		0.00
		rty, homeowner's	s, or renter	's insurance		4b.			0.00
				ipkeep expenses		4c.	. —		0.00
_		owner's associat				4d.			0.00
5.	Additional n	nortgage payme	ents for yo	our residence, such as ho	me equity loans	5.	Ф		0.00

Debtor '	Julia C. McCartha	Case numl	oer (if known)	22-11863
6. Ut i	lities:			
6a.		6a.	\$	390.00
6b	•	6b.	\$	100.00
6c.		6c.	·	300.00
6d.		6d.	\$	0.00
	od and housekeeping supplies	7.	\$	450.00
	ildcare and children's education costs	8.	\$	900.00
_	othing, laundry, and dry cleaning	9.	\$	
			·	100.00
	rsonal care products and services	10.	\$	150.00
	dical and dental expenses	11.	\$	0.00
	Insportation. Include gas, maintenance, bus or train fare. not include car payments.	12.	\$	200.00
	tertainment, clubs, recreation, newspapers, magazines, and books	13.	\$	0.00
	aritable contributions and religious donations	14.	\$	0.00
	urance.	17.	Ψ	0.00
	not include insurance deducted from your pay or included in lines 4 or 20.			
	a. Life insurance	15a.	\$	0.00
	b. Health insurance	15b.	·	0.00
	c. Vehicle insurance	15c.	·	231.00
	d. Other insurance. Specify:	15d.		0.00
	Kes. Do not include taxes deducted from your pay or included in lines 4 or 20.		Ψ	0.00
	ecify:	16.	\$	0.00
	tallment or lease payments:		Ψ	0.00
	a. Car payments for Vehicle 1	17a.	\$	0.00
	o. Car payments for Vehicle 2	17b.	\$	0.00
	c. Other. Specify:	17c.	·	0.00
	d. Other. Specify:	—— 17d.	·	0.00
	ur payments of alimony, maintenance, and support that you did not report as		Ψ	0.00
	ducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18.	\$	0.00
	ner payments you make to support others who do not live with you.		\$	0.00
	ecify:	19.		
	ner real property expenses not included in lines 4 or 5 of this form or on Sche	edule I: Yo	ur Income.	
	a. Mortgages on other property	20a.		0.00
20	o. Real estate taxes	20b.	\$	0.00
20	c. Property, homeowner's, or renter's insurance	20c.	\$	0.00
	d. Maintenance, repair, and upkeep expenses	20d.	\$	0.00
	. Homeowner's association or condominium dues	20e.		0.00
_	ner: Specify:	21.	·	0.00
. •			- Ψ	0.00
2. Ca	culate your monthly expenses			
22	a. Add lines 4 through 21.		\$	4,936.00
22	b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$	
22	c. Add line 22a and 22b. The result is your monthly expenses.		\$	4,936.00
	culate your monthly net income.		_	
	a. Copy line 12 (your combined monthly income) from Schedule I.	23a.	·	5,756.12
23	o. Copy your monthly expenses from line 22c above.	23b.	-\$	4,936.00
	 Subtract your monthly expenses from your monthly income. The result is your monthly net income. 	23c.	\$	820.12
23				